

**State of Washington
EMPLOYMENT SECURITY DEPARTMENT**

TRAINING BENEFITS INFORMATION

You have **60 days** to submit a *Training Benefit Application* and **90 days** (or as soon as the training is available) to be enrolled in training after being notified of Training Benefits by the Employment Security Department. You are considered notified of Training Benefits when you receive your *Unemployment Claims Kit* booklet, which includes information on the program. You are allowed an additional 5 days from the date you applied for unemployment insurance (UI) for the booklet to reach you by mail. If you reopen your claim after working, the 60 and 90 day timeframes start again.

Training Benefits are additional UI benefits. They are potentially available to dislocated workers with a long term attachment to the labor force who are attending approved training and who will run out of regular UI benefits before their training is completed. Training Benefits are paid after you have received all your regular benefits. **However**, you must apply for Training Benefits and be enrolled in training within the timeframes shown above to be eligible for these additional benefits. You are not eligible for Training Benefits if you received them within the past five years.

You are encouraged to work with the specialists at your WorkSource Office, Affiliate, or Job Service Center in completing your application. Your nearest office is listed in your *Unemployment Claims Kit*, can be found in the blue section of the telephone book, or can be located online at "WorkSource Local Connections" (<http://www.wa.gov/esd/work/localconnections.htm>). Additionally, most community and technical colleges have WorkSource staff co-located on site (<http://www.wa.gov/esd/AgencyInfo/directories/collacti.htm>) who will work with you to complete the application.

Regardless of whether you choose to work with a specialist or you complete the application on your own, you are responsible for submitting your completed Training Benefit Application to the Employment Security Department within the 60 day time frame explained above. **Failure to do so will result in a written denial of Training Benefits.** More information about Training Benefits can be found on the attached summaries of Training Benefit Law and Regulations and online at "Training Benefits Frequently Asked Questions" (<http://www.wa.gov/esd/ui/qatb.htm>).

**State of Washington
EMPLOYMENT SECURITY DEPARTMENT**

The attached *TRAINING BENEFIT APPLICATION* contains three sections:

1. DISLOCATED WORKER INFORMATION: Training Benefits are potentially payable to UI claimants who have a long term attachment to the labor force and who need job-related training to find suitable work. Your occupation or skills must be in decline, as determined by the Workforce Development Council (WDC) (<http://www.wilma.org/wdclists>) in your area. Contact your WorkSource Office or Affiliate, WorkSource co-located staff at the community and technical colleges, or your Job Service Center for more information.
2. TRAINING PROGRAM INFORMATION: Your training must be full time, as determined by your training provider, and you must be training for a high demand occupation, as determined by the Workforce Development Council (WDC) (<http://www.wilma.org/wdclists>) in your area or in the area(s) to which you are willing to relocate.

Also, your training provider and training program must be on the “Eligible Training Provider List” (<http://www.wtb.wa.gov/etp/>) maintained by the Workforce Training and Education Coordinating Board. Contact your WorkSource Office or Affiliate, WorkSource co-located staff at the community and technical colleges, or your Job Service Center for more information.

3. WORK HISTORY: Your work history is used to determine if you have a long-term history of working in an occupation or using a particular set of skills that have been identified as being in decline by the Workforce Development Council (WDC) (<http://www.wilma.org/wdclists>) in your area.

The Employment Security Department needs a complete work history before Training Benefits can be approved. When filling out your application, be sure to show all your employment for the past **five** years and describe **in detail** your duties for each job. ***Failure to provide a complete work history and sufficient detail about each of your job duties may delay a decision on your application or result in the denial of Training Benefits.***

Return your completed application and any attachments to your WorkSource Office, Affiliate, or Job Service Center or mail to:

King County TeleCenter
Attn: Training Benefits Unit
PO Box 47076
Seattle WA 98146-7076

**State of Washington
EMPLOYMENT SECURITY DEPARTMENT**

Training Benefits Application

You must answer all questions. Incomplete applications will be returned, delaying a decision on your eligibility or resulting in a denial of Training Benefits. Your WorkSource Office, Affiliate, or Job Service Center can help you complete this application. Your nearest office is listed in your *Unemployment Claims Kit* or can be located online at "WorkSource Local Connections" (<http://www.wa.gov/esd/work/localconnections.htm>). Additionally, most community and technical colleges have WorkSource staff co-located on site who will work with you to complete the application (<http://www.wa.gov/esd/AgencyInfo/directories/collacti.htm>).

(If you are requesting a change to a previously approved Training Benefits training plan, see the NOTE at the bottom of page 3 of this application.)

****Attach a copy of your most recent completed Job Search Log to this application ****

Name _____ SSN _____
Address _____ County _____
(Mailing Address, City, State, Zip)
Phone number (_____) _____ Email address (optional) _____
(Area Code)

SECTION 1 - DISLOCATED WORKER INFORMATION

Training Benefits are potentially payable to eligible dislocated workers in approved full time training programs. The determination that your occupation is in decline or that your skills are no longer in demand in your labor market (dislocated worker) must, by law, be based substantially on the list of declining occupations developed by your local Workforce Development Council (WDC) (<http://www.wilma.org/wdclists>).

1. My primary occupation is _____
2. This occupation is identified as being in **decline** by my local Workforce Development Council (see <http://www.wilma.org/wdclists>). Yes _____ (include a printout of Web page) No _____

If "No", attach documentation that shows you lack the skills for employment in your occupation in your labor market or where you are willing to relocate for work. If you do not attach this documentation, your application for Training Benefits will be denied.

3. Do you have any injuries, illnesses, or other conditions that would prevent you from returning to work in your primary occupation? Yes _____ No _____ If yes, please explain: _____

4. Did you receive a WARN notice (*Worker Adjustment and Retraining Notice*)? Yes _____ No _____
If yes, name of employer _____ Date of WARN _____
5. Have you completed a certificate or degree program in the past? Yes _____ No _____ If "yes", please provide details (type of degree/certificate, where, when): _____

Name _____ SSN _____

SECTION 2 - TRAINING PROGRAM INFORMATION

Training Benefits are potentially payable to eligible dislocated workers enrolled in full time training programs for high demand occupations. High demand occupations for Training Benefits are identified by local Workforce Development Councils (WDC) (<http://www.wilma.org/wdclists>).

Note: "Training Program" means a full time vocational training program offered by an eligible training provider (see <http://www.wtb.wa.gov/etp>). It does not include any course of education primarily intended to meet the requirements of a baccalaureate or higher degree, unless the training meets specific requirements for certification, licensing, or for specific skills necessary for the occupation.

6. Name of training program: _____

7. Training provider name, address, and phone: _____

8. Is your training program and training provider on the "Eligible Training Provider List"? (<http://www.wtb.wa.gov/etp>)? Yes _____ (include a printout of Web page) No _____

If "no", Training Benefits will be denied unless you attach documentation that shows your training program and provider are approved by the Workforce Training and Education Coordinating Board.

9. Training will start: Month _____ Day _____ Year _____ Training will end: Month _____ Day _____ Year _____

10. Is this full time training, as defined by your training provider? Yes _____ No _____

If "no", Training Benefits will be denied.

11. Will your training lead to a (check all that apply):

Certificate ____ 2 year degree ____ 2 year transfer degree ____ 4 year degree ____ Higher degree ____

12. The job(s) I will be qualified to do upon completion of training include:

Job Title _____ Pay range _____

Job Title _____ Pay range _____

13. This job(s) is identified as being in demand by my Workforce Development Council or by the Workforce Development Council(s) in the area(s) to which I am willing to relocate (see <http://www.wilma.org/wdclists>). Yes _____ (Include a printout of Web page) No _____

If "No", you will be denied Training Benefits. You can attach documentation that shows your training will lead to a high demand job(s) but the Training Benefit law requires the UI Program to base its Training Benefit decisions substantially on the list of demand occupations identified by local Workforce Development Councils. Any written denial of benefits can be appealed (see "Your Right to Appeal" at <http://www.wa.gov/esd/ui/appeal.htm>).

14. Is your training funded or sponsored under a special grant or program? Yes _____ No _____

If yes, name of grant or program (for example, WIA, TAA, Worker Retraining) and your counselor/advisor's name, phone number & e-mail _____

Name _____ SSN _____

15. Have you received Training Benefits or Timber Retraining Benefits in the last 5 years?
Yes _____ No _____ If "Yes" please provide details (when, name of training program, etc.):

16. Training Benefits are payable only while you are enrolled in your approved training program OR until your benefits run out, even if you are still in training. **What is your financial plan to complete your training program if your Training Benefits run out before you finish training?** _____

I have completed this application to apply for Training Benefits, which I understand are subject to the availability of funds at the time I apply. I understand this information may be verified and that I must promptly report any changes in the above conditions to my Claims TeleCenter (<http://www.wa.gov/esd/ui/tcaddr.htm>). If I am approved for Training Benefits, I understand any changes to my training program without the prior approval of my Claims TeleCenter may result in a denial of Training Benefits and an overpayment that I will be required to pay back.

I authorize the school, training facility, my counselor and/or advisor to release information about my enrollment, participation in training, grades, attendance, and other measures of program progress to the Employment Security Department.

Signature of Applicant

Date

NOTE: COMPLETE SECTION 3 – WORK HISTORY (pages 4 and 5)

Training Provider Certification

I have reviewed the above training program information and it is correct to the best of my knowledge.

- The training is full time. Yes _____ No _____
- The applicant is enrolled to start full time training on _____, or
(Date)
- The applicant is pre-registered or on a waiting list to start full time training on _____
(Date)
- This facility will be able to certify to the applicant's satisfactory progress in this training program every six weeks. Yes _____ No _____ If no, please explain. _____

Signature of training provider representative

Title

Date

E-mail address (optional)

If completed application returned to WorkSource, Affiliate, or Job Service Center:

Date Received: _____ Specialist Signature: _____

Note: If you are requesting a change to your previously approved Training Benefits training plan, write a narrative explanation of the change you are requesting (for example, extending the end date of training) and the reason(s) for the change. Submit your written change request to the address shown on page ii. See WAC 192-270-070 *Modifying a Training Plan* (<http://www.wa.gov/esd/ui/wac/wac270.htm#070>) for more information.

PLEASE PRINT

SECTION 3 - WORK HISTORY

You are not eligible for Training Benefits if your current skills are in demand in your labor market. Additionally, eligibility for Training Benefits is determined by your work history for the past **five** years. In your job description, list all skills, tools, and equipment you used.

Name	Social Security Number *
------	--------------------------

Last Employer				Job Title			
Mailing Address		City		State	ZIP	I worked for this employer From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Month / Day / Year Month / Day / Year	
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours	My hourly/monthly pay for this period of employment was \$ <u> </u>			
Job Description (did what, using what, to what?)							
Next Employer				Job Title			
Mailing Address		City		State	ZIP	I worked for this employer From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Month / Day / Year Month / Day / Year	
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours	My hourly/monthly pay for this period of employment was \$ <u> </u>			
Job Description (did what, using what, to what?)							
Next Employer				Job Title			
Mailing Address		City		State	ZIP	I worked for this employer From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Month / Day / Year Month / Day / Year	
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours	My hourly/monthly pay for this period of employment was \$ <u> </u>			
Job Description (did what, using what, to what?)							
Next Employer				Job Title			
Mailing Address		City		State	ZIP	I worked for this employer From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Month / Day / Year Month / Day / Year	
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours	My hourly/monthly pay for this period of employment was \$ <u> </u>			
Job Description (did what, using what, to what?)							

If you have additional work history during the last **five** years, go to page 5.

* IF YOU DO NOT GIVE US YOUR SOCIAL SECURITY NUMBER, WE CANNOT PROCESS YOUR APPLICATION FOR TRAINING BENEFITS

PLEASE PRINT

WORK HISTORY - CONTINUED

You are not eligible for Training Benefits if your current skills are in demand in your labor market. Additionally, eligibility for Training Benefits is determined by your work history for the past **five** years. In your job description, list all skills, tools, and equipment you used.

Name	Social Security Number *
------	--------------------------

Next Employer		Job Title	
Mailing Address	City	State	ZIP
		I worked for this employer	
		From	To
		Month / Day / Year	Month / Day / Year
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours
		My hourly/monthly pay for this period of employment was \$ _____	
Job Description (did what, using what, to what?)			

Next Employer		Job Title	
Mailing Address	City	State	ZIP
		I worked for this employer	
		From	To
		Month / Day / Year	Month / Day / Year
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours
		My hourly/monthly pay for this period of employment was \$ _____	
Job Description (did what, using what, to what?)			

Next Employer		Job Title	
Mailing Address	City	State	ZIP
		I worked for this employer	
		From	To
		Month / Day / Year	Month / Day / Year
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours
		My hourly/monthly pay for this period of employment was \$ _____	
Job Description (did what, using what, to what?)			

Next Employer		Job Title	
Mailing Address	City	State	ZIP
		I worked for this employer	
		From	To
		Month / Day / Year	Month / Day / Year
Reason you are no longer working for this employer: (Check One)	1__ Voluntary Quit 2__ Discharged/Fired 3__ Strike/Lockout	4__ Still Employed 5__ Lack of Work 6__ Leave of Absence	7__ Fired for Felony/Gross Misdemeanor 8__ Partially Employed 9__ Lack of Work, Reduced Hours
		My hourly/monthly pay for this period of employment was \$ _____	
Job Description (did what, using what, to what?)			

Training Benefit Law Summary

The complete text of the law (RCW 50.22.150) can be found online at <http://www.wa.gov/esd/ui/rcw/rcw5022b.htm#130>

Who is eligible?

Training Benefits are available for an individual who is eligible for or has exhausted entitlement to unemployment compensation benefits and who:

- a. Is a dislocated worker as defined in RCW 50.04.075 (<http://www.wa.gov/esd/ui/rcw/rcw5004a.htm#075>) ;
- b. Has demonstrated, through a work history, sufficient tenure in an occupation or in work with a particular skill set. Sufficient tenure means earning a plurality of wages in a particular occupation or using a particular skill set during the base year and at least two of the four twelve-month periods immediately preceding the base year;
- c. Is determined to need job-related training to find suitable employment in his/her labor market;
- d. Develops an individual training program that is submitted for approval within 60 days (plus 5 days mailing – see Training Benefit Regulations below) after the individual is notified by the Employment Security Department of the requirements of this section (Claimants are considered notified of the program when they receive their Unemployment Claims Kit which contains Training Benefit information);
- e. Enters the approved training program within 90 days (plus 5 days mailing – see Training Benefit Regulations below) after the individual is notified by the Employment Security Department of the requirements of this section (Claimants are considered notified of the program when they receive their Unemployment Claims Kit which contains Training Benefit information), in which case the individual enters training as soon as it is available; and
- f. Is enrolled in approved training on a full-time basis as determined by the educational institution, and is making satisfactory progress in the training as certified by the educational institution.

"Training program" for Training Benefits means:

An educational program determined, after counseling at the educational institution, to be necessary as a prerequisite to vocational training in which the individual enrolls under his/her approved training plan; or

A vocational training program at an educational institution that:

- A. Is targeted to training for a high demand occupation.
- B. Is likely to enhance the individual's marketable skills and earning power; and
- C. Meets the criteria for performance developed by the Workforce Training and Education Coordinating Board

"Training program" for Training Benefits does not include any course of education primarily intended to meet the requirements of a baccalaureate or higher degree, unless the training meets specific requirements for certification, licensing, or for specific skills necessary for the occupation.

Training Benefit Regulations Summary

The complete text of Training Benefit regulations (WAC Chapter 192-270) can be found online at <http://www.wa.gov/esd/ui/wac/wac270.htm>.

Timeframes.

(1) Submitting a Training Benefit Application. You have 60 calendar days to submit a Training Benefit Application to the department for approval, beginning on the date you are notified by the department about the eligibility requirements for training benefits. For new claims, the deadline will be 65 calendar days from the date your Initial Claim for benefits is filed, which represents 60 days plus five days for the *Unemployment Claims Kit* booklet to reach you by mail. **Note: You will be denied Training Benefits if you fail to meet this deadline.**

(2) Enrollment in training. You must be enrolled in training within 90 calendar days, beginning on the date you are notified by the department about the eligibility requirements for training benefits. For new claims, the deadline will be 95 calendar days from the date your Initial Claim for benefits is filed, which represents 90 days plus five days for the *Unemployment Claims Kit* booklet to reach you by mail. **Note: You will be denied Training Benefits if you fail to meet this deadline.**

(3) If you return to work, and subsequently become unemployed, the timeframes described in subsections (1) and (2) begin with the date you file your additional claim for benefits.

Criteria for approving training plans.

(1) We will consider the following when reviewing your application for training benefits:

- (a) Whether you have a current benefit year as required by RCW 50.22.010(9);
- (b) Whether suitable employment is available in the labor market in which you currently reside;
- (c) Your plan for completion of the training including, but not limited to, what financial resources you intend to use to pay for the complete training plan when training benefits run out;
- (d) Whether you have the qualifications and aptitude to successfully complete the training;
- (e) Whether the training relates to a high demand occupation;
- (f) Whether the training is likely to enhance your marketable skills and earning power; and
- (g) Whether the educational institution meets the performance criteria established by the Workforce Training and Education Coordinating Board.

Occupation in high demand outside labor market.

Training Benefits may be approved for an occupation not in demand in your local labor market if:

- (1) The occupation is in high demand in another labor market; and
- (2) You are willing and able to relocate to that labor market when the training is completed; and
- (3) There is not a current demand for workers with your present skills in that labor market.

The demand for workers in that labor market must be at wages comparable to those paid in your current labor market, based on any differences in the cost of living between the two areas.

Modifying a Training Benefits plan.

You must notify the department prior to making a significant modification to your approved Training Benefits training plan. A significant modification includes, but is not limited to, changes in:

- a. Your course of study or major;
- b. The educational institution;
- c. The projected start or end dates for the training; and/or
- d. Your enrolled credit hours.

We will determine your continued eligibility for Training Benefits any time you make a significant modification to your Training Benefits training plan.

In general, you may make a significant modification to your Training Benefits training plan one time, subject to approval.

If you modify your Training Benefits training plan without approval by the department, and that modification is subsequently disapproved, you are ineligible for training benefits for at least five years. Any benefits paid for a modified training plan that is not approved by the department will result in a denial of the benefits that you received and an overpayment that you will have to pay back.

Planning Information

Good planning will help you be successful in your training. The information below is designed to help you identify UI related resources that may be available to aid in your training. Your counselor or school is the best source to help identify other resources that can help.

UI and related benefits pay in the following order and up to the following amounts:

1. Regular benefits - up to 30 times your weekly benefit amount (WBA). Not everyone qualifies for 30 weeks. See the "Statement of Wages and Hours" you received after filing your application for unemployment to determine how many weeks of regular UI benefits you are potentially eligible to receive.
2. Federal emergency extensions - Available only when authorized by federal law. The amount of benefits available depends on the language of the legislation.

TEUC-A and TEUC-AX. Federal extension specifically for airline and related workers - pays instead of TEUC and TEUC-X below. TEUC-A can pay up to 39 times the WBA. TEUC-AX can pay up to an additional 13 times the WBA and is available only while Washington is in a high unemployment period, as determined by the federal Department of Labor. **No new TEUC-A or AX applications can be filed after December 27, 2003.** A claimant with a TEUC-A or AX balance as of December 27, 2003, may be able to receive that balance. No TEUC-A or AX benefits can be paid after January 1, 2005.

TEUC and TEUC-X. The current general federal extension. Can pay up to 26 times the WBA in Washington because of the high unemployment rate. **No new TEUC applications can be filed after December 27, 2003.** A claimant with a TEUC balance as of December 27, 2003, may be able to receive that balance. No TEUC benefits can be paid after April 3, 2004.

3. Training Benefits - up to 52 times your WBA, minus any regular and state extended benefits (EB) paid. You **MUST** apply for Training Benefits within 60 days of filing for unemployment benefits.
4. State Extended Benefits (EB) - Available during times of high unemployment, as determined by the federal Department of Labor. Check with your Claims TeleCenter or the Washington's *Unemployment Insurance* website (<http://www.wa.gov/esd/ui.htm>) to see if these benefits are potentially available. **NOTE: EB ended January 10, 2004. No EB benefits can be paid after that date.**

EB can be up to 13 times your WBA - but if you received 30 times your WBA in regular benefits you only receive up to 9 times your WBA in EB.

5. Trade Readjustment Allowances (TRA) - up to 78 weeks, minus ALL UI received.

ALWAYS CHECK WITH YOUR TRADE ACT COUNSELOR FOR INFORMATION ON TRADE ACT BENEFITS THAT MAY BE AVAILABLE TO YOU.**

** If your Trade Act certification was filed after November 4, 2002, and your Petition Number is 50,000 or higher, the order of payment is different:

1. Regular benefits - Same as above.
2. Federal emergency extensions - Same as above.
3. State Extended Benefits (EB) - Same as above.
4. Trade Readjustment Allowances (TRA) - up to 104 weeks, minus ALL UI received. An additional 26 weeks may be available if remedial classes are necessary.
5. Training Benefits - Same as above.

ALWAYS CHECK WITH YOUR TRADE ACT COUNSELOR FOR INFORMATION ON TRADE ACT BENEFITS THAT MAY BE AVAILABLE TO YOU.